UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section 1424094

SEC 1972 (2-97)

MAY 13 2008

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Was	shington, I 110	OC		
		SEC USE O	NLY	
	Prefix		Serial	
	D	ATE RECE	IVED	
	_			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	PROCESSED
Private Placement of Limited Partnership Interests of TWM Credit Hedge Fund Partners, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	MAY 2 2 2008
Type of Filing: New Filing Amendment	THOMICON DELITEDS
A. BASIC IDENTIFICATION DATA	THOMSON REUTERS
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
TWM Credit Hedge Fund Partners, L.P.	
	umber (Including Area Code)
	(214) 252-3250
Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including A (if different from Executive Offices)	rea Code)
Brief Description of Business	
Investment Partnership	
Type of Business Organization	, <u>.</u>
Corporation	other (please specify):
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 4 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: TX CN for Canada; FN for other foreign jurisdiction)	☑ Actual ☐ Estimated
Civio Canada, Fivior one foreign jurisdictiony	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchar received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certif	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies signatures.	of the manually signed copy or bear typed or printed
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.	he information requested in Part C, and any material
Filing Fee: There is no federal filing fee	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and th must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this no ATTENTION	ion to the claim for the exemption, a fee in the proper
Eniture to file notice in the engrapriese states will not requit in a loca of the federal eventures	Conversaly failure to file
Failure to file notice in the appropriate states will not result in a loss of the federal exemption the appropriate federal notice will not result in a loss of an available state exemption	
predicated on the filing of a federal notice.	umess such exemption is
predicated on the ming of a redetal notice.	
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OM!	B

			A. BASIC IDENTIF	ICATION DATA		
2. Enter	the information i	equested for the fo	llowing:			
X Each issuer	beneficial owner	having the power	has been organized within the ployone or dispose, or direct the porate issuers and of corporate	vote or disposition of, 10% of		
		iging partner of par		Beneral and managing parmer	o or purmeromp	
Check Box	(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	(Last name first, Management, In	if individual) c., General Partne	er			
		ress (Number and S 250, Dallas, Texas	Street, City, State, Zip Code) 75205			
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Tolleson, J		nt and Secretary				
		ress (Number and S 250, Dallas, Texas	Street, City, State, Zip Code) 75205			
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Bennett, E		sident and Assist				
			Street, City, State, Zip Code)			
	(es) that Apply:	250, Dallas, Texas Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)			.	
Business o	r Residence Add	ler and Assistant ress (Number and S 250, Dallas, Texas	Street, City, State, Zip Code)			
	(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business o	r Residence Add	ress (Number and S	Street, City, State, Zip Code)	,		
Check Box	(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business o	r Residence Add	ress (Number and S	Street, City, State, Zip Code)			
Check Box	(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business o	r Residence Add	ress (Number and S	Street, City, State, Zip Code)			

1

	B. INFORMATION ABOUT OFFERING														
1.	Answer also in Appendix, Column 2, if filing under ULOE.										Yes □	No ⊠			
2.	·											\$ <u>100</u>	0,000.00		
3.	3. Does the offering permit joint ownership of a single unit:										Yes ⊠	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five													ici	u	
	(5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full	Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)														
Busi	Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer														
Nam	e of Assoc	iated Br	oker or I	Dealer											
	s in Whic												П	All States	
[AI		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		Till Diales	
[1]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[R		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]			
Full	Name (La	st name i	first, if in	ndividua	1)			•							
Busi	ness or Re	sidence .	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	de)		<u>-</u>				
Nam	e of Assoc	iated Br	oker or I	Dealer											
	s in Whicl ck "All St													All States	
`[AI		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI] [SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[Wi]	[WY]	[PR]			
Full	Name (La	st name i	irst, if ir	ndividua	l)										
Busi	ness or Re	sidence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)			· · · · · · · · · · · · · · · · · · ·			_
Nam	e of Assoc	iated Br	oker or I	Dealer											
	s in Whiel ck "All St													All States	_
[AI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL] [IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]			
[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box p and indicate in the columns below the amounts of the securities		
	offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		
	Equity		\$ <u>0</u> \$ 0
		\$	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$0
	Partnership Interests	\$ <u>19,545,000.00</u>	\$ <u>19,545,000.00</u>
	Other (Specify)	\$ <u> </u>	\$ <u> </u>
	Total	\$ <u>19,545,000.00</u>	\$ <u>19,545,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	27	\$ 19,545,000.00
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Tuna of	Dellas Amount
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$ N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ N/A
	TVMI aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	1021	J
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may	
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$ 0
	Legal Fees		\$ 10,000
	Accounting Fees		\$0
	Engineering Fees		\$ 0
	Sales Commissions (specify finder's fees separately)		\$ 0
	Other Expenses (identify)		\$ 0
	Total		\$ 10,000
	• • • • • • • • • • • • • • • • • • • •		4 10,000

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	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USI	E OF PROCEE	DS
	and total expenses furnished in response	regate offering price given in response to Part C-Question 1 to Part C-Question 4.a. This difference is the "adjusted gross		\$ <u>19,535,000.00</u>
5.	each of the purposes shown. If the amou	d gross proceeds to the issuer used or proposed to be used for ant for any purpose is not known, furnish an estimate and. The total of the payments listed must equal the adjusted gross se to Part C-Question 4.b. above.		
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		\$□	\$
	Purchase of real estate		\$□	\$
	Purchase, rental or leasing and ins	tallation of machinery and equipment	\$ □	s
	Construction or leasing of plant bu	tildings and facilities	\$□	\$
		icluding the value of securities involved in this offering that seets or securities of another issuer pursuant to a merger) \Box	\$□	s
	Repayment of indebtedness		\$D	\$
	Working capital		\$D	\$
	Other (specify) (investments)		\$ ⊠	\$_19,535,000.00
	Column Totals		\$⊠	\$ <u>19,535,000.00</u>
	Total Payments Listed (column to	tals added)	\$ <u>1</u>	9,535,000.00
		D. FEDERAL SIGNATURE		
signa	ature constitutes an undertaking by the issu	ned by the undersigned duly authorized person. If this notice is the furnish to the U.S. Securities and Exchange Commission, accredited investor pursuant to paragraph (b) (2) of Rule 502.		
Iss	uer (Print or Type)	Signature Date May 8	×	
TV	/M Credit Hedge Fund Partners, L.P.	Sand Va May	<u></u>	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Sai	nuel C. Perry	Controller and Assistant Secretary of TTG GP Manageme	nt, Inc., General I	Partner
		ATTENTION		
	Intentional misstatements or	omissions of fact constitute federal criminal violation	s. (See 18 U.S	.C. 1001).

		E. STATE SIGNATURE										
1.	rule?	resently subject to any of the disqualification prov		Yes	No ⊠							
	See Appendi	x, Column 5, for state response.										
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.											
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
4.	2 1	ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.										
	e issuer has read this notification and knows the dersigned duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on its	behalf by the								
Iss	uer (Print or Type)	Signature	Date									
TV	WM Credit Hedge Fund Partners, L.P. May 8, 2008											
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)										
Sai	muel C. Perry	Controller and Assistant Secretary of TTG GP Management, Inc., General Partner										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		4			5
	non-actinvestor (Par	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
AL								
AK								
AZ								
AR								
CA					•			
СО								
СТ			·	•				
DE								
DC				·			_	
FL								
GA							·	
ні	"							
ID								
IL								
IN					•			
IA			-					
KS								
KY								
LA								
ME								
MD								
MA								
МІ								
MN								
MS								
мо								

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APPENDIX

1		2	3		4					
	non-ac investor (Pa	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
МТ										
NE										
NV					 					
NH	·									
NJ										
NM										
NY										
NC	<u> </u>									
ND										
ОН										
ОК										
OR										
PA										
RI										
sc							-			
SD										
TN										
TX		No	Limited Partnership Interests \$18,895,000	26	\$18,895,000	0	\$0	No		
UT										
VT										
VA										
WA										
wv										
WI										
WY										

APPENDIX

1		2	3		4					
	non-ac investor (Pa	to sell to reredited rs in State art B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
PR										

